

## ISSUE SLIP STAPLE AREA (for additional cross references)

3C51705

ACTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.D		02-07-C1
O.I.P.E. CLASSIFIER		48	2/27/01
FORMALITY REVIEW	KO	3C51705	05/01/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	6/9/15/6
Original	12/6/16/625
1	02/03/03/03
2	✓✓✓✓✓✓✓✓
3	✓✓✓✓✓✓✓✓
4	✓✓✓✓✓✓✓✓
5	✓✓✓✓✓✓✓✓
6	✓✓✓✓✓✓✓✓
7	✓✓✓✓✓✓✓✓
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9	✓✓✓✓✓✓✓✓
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25	NNNN
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49	✓✓✓✓✓✓✓✓
50	NNNN

Claim	Date
Final	
Original	
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Claim	Date
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Original	
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If more than 150 claims or 10 actions  
staple additional sheet here